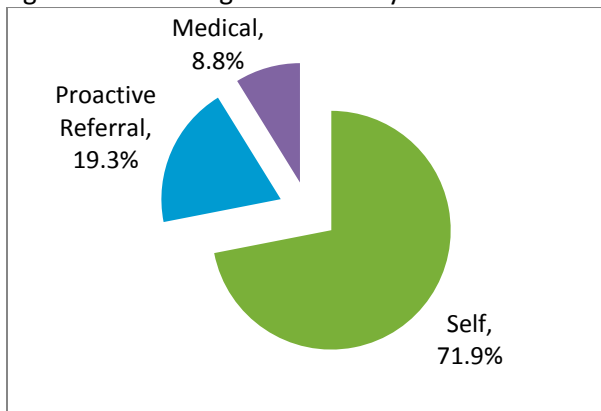


Clients come to ASHLine through two main modes of entry (MOE): incoming calls and proactive QuitFax referrals from providers. Incoming calls can be further divided by where the client heard of ASHLine. We group the incoming calls into two groups: Medical and Self. The *Medical* MOE include clients that heard about ASHLine from their doctor, dentist, or other medical provider, but were not formally referred through the QuitFax program. Clients who heard of ASHLine through the media or some other source make up the *Self* MOE (Figure 1).

Figure 1. Percentage of Clients by MOE

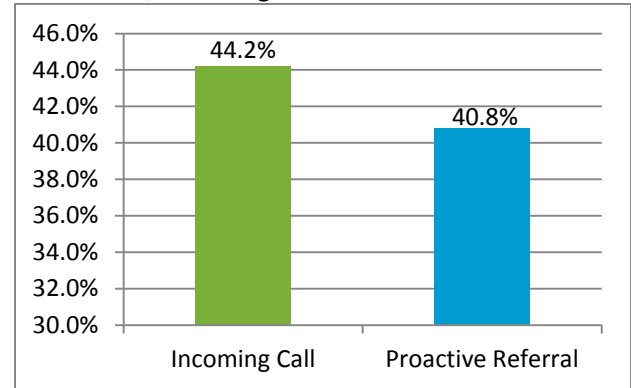


Clients who enroll in the ASHLine via incoming calls are more likely to use quit tobacco medications during their quit attempt than clients from proactive referrals (Figure 2). We further investigated this trend to determine if any associations exist between use of prescription medication and mode of entry.

Figure 3 displays the percentage of all medication using clients who reported using prescription medication for their quit attempt. Clients who enrolled from a formal QuitFax referral had the highest rates of prescription medication use. While physician interaction is, of course, required to obtain prescription medication, it is still unclear why clients who were informally referred by their physician (medical MOE) had lower rates of using prescription medication compared to QuitFax clients. Is there something about physicians who

prescribe non-OTC medications that make them more likely to make formal QuitFax referrals? Is there something about the ASHLine outreach efforts that stimulates a simultaneous interest in formal referrals and prescription quit tobacco medication?

Figure 2. Percentage of Clients Using Quit Tobacco Medication, Incoming Calls vs Referrals



Answers to these questions will require prospective investigation; however, the present inquiry is essential in guiding ASHLine's approach to promoting and refining QuitFax services. Since clients enrolling via QuitFax referrals have higher quit rates than clients from other MOEs, any effort that could change physician behavior from making informal referrals to the ASHLine to making formal QuitFax referrals would be invaluable.

Figure 3. Percentage of Medication Using Clients on Prescription Medication by MOE

